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CONFIRMATION NO. 7557

Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 10/783,561 | FILING DATE 02/19/2004 RULE | CLASS 016 | GROUP ART UNIT 3676 | ATTORNEY DOCKET NO. 3397/035 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

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** CONTINUING DATA ***** *None/p*

** FOREIGN APPLICATIONS ***** *None/p*

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 ** 05/13/2004

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|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NY | SHEETS DRAWING 5 | TOTAL CLAIMS 37 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials | | | | |

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TITLE
 Hinge connector assembly

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| FILING FEE RECEIVED 603 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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